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Bib Data Sheet

CONFIRMATION NO. 1999

<b>SERIAL NUMBER</b> 10/626,493	<b>FILING OR 371(c) DATE</b> 07/23/2003 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 016866-009520US
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/445,536 02/06/2003 and claims benefit of 60/398,641 07/24/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 12/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 53	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>EXAMINER'S SIGNATURE</b> <i>[Signature]</i>	<b>INITIALS</b> <i>[Initials]</i>		

**ADDRESS**  
20350

**TITLE**  
Protein interaction difference mapping

<b>FILING FEE RECEIVED</b> 876	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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